BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		.				
5	1					
6		1				
7		1				
8		2				
9		2				
10		2				
11	1					
12		1				
13		1				
14		1				
15	1					
16		1				
17						
18						
19						
20						
21		1				
22	1					
23						
24						
25						
26	1					
27						
28						
29						
30						
31	1					
32		1				
33		1				
34	1					
35		1				
36		1				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	78					
TOTAL DEP.	31					
TOTAL CLAIMS	39					

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
...							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS